

CIVIL SERVICE COMMISSION CITY OF WEST ALLIS WEST ALLIS, WISCONSIN 53214

Announcing an OPEN and PROMOTIONAL examination for the position of:

ACCOUNTING SPECIALIST MONDAY - FRIDAY, 8 AM TO 5 PM

DUTIES: This is responsible and specialized clerical work involving a combination of routine and complex accounting and administrative activities in the preparation and maintenance of financial records and reports within City departments. Typical duties include: performs accounts receivable billing and collection; compiles expenditure information for various reports; records daily accounting transactions into City-approved accounting software; performs account reconciliations for various departmental general ledger accounts; performs accounts payable tasks and other general accounting functions; furnishes information regarding departmental policies and procedures, tax, and other receivable information; posts and maintains varied departmental records which may require follow-up action with responsibility for currency and accuracy; issues permits and transaction receipts: performs data entry in a variety of software programs and databases; manages correspondence, electronic calendars, databases, records management systems, and paper and electronic filing systems; resolves routine administrative problems for supervisor; reads, interprets, and/or maintains technical records, reports, and documents; utilizes general and specialized software programs and standard office equipment; recommends changes in procedures and processes to improve efficiency; performs work for special projects; assists with purchasing transactions, RFPs, and other related matters/tasks; maintains prompt, predictable, and regular physical attendance; provides truthful and accurate written and verbal communications; maintains the ability to competently and credibly testify in court; performs other duties as assigned.

DESIRABLE KNOWLEDGE, SKILLS, AND ABILITIES: Good knowledge of modern principles, methods, and practices of governmental accounting; proficient knowledge of basic accounting theory, practice, Generally Accepted Accounting Principles, and Governmental Accounting Standards Board; solid skill in applying accounting principles to general ledger, payroll, and other accounting control records; ability to analyze accounts and make journal entries; ability to keep accurate records and prepare clear and detailed reports; considerable knowledge of modern office practices, procedures, equipment, and software; strong office computer skills and proficiency with spreadsheet programs and database systems used in financial reporting; ability to quickly adapt and learn new systems and procedures; ability to multi-task in a fast paced environment; ability to perform somewhat varied and difficult clerical tasks with neatness, accuracy, and attention to detail; ability to perform data entry accurately and efficiently; ability to communicate and work cooperatively and effectively both orally and in writing with a diverse population, including, but not limited to, supervisors, other employees, and the public; ability to work in a team environment; ability to exercise sound judgment; ability to make sound decisions; demonstrated ability to promote innovation, operational excellence, and continuous improvement.

MINIMUM REQUIREMENTS:

- Associate Degree in Accounting and two years recent paid financial reporting work experience (such as
 accounts receivable billing/collection, accounts payable, etc.) in an automated setting; <u>OR</u> an equivalent
 combination of recent training and paid work experience in order to perform the "duties" stated above.
- Proficient in the use of an office computer and related software including, but not limited to, Windows and Microsoft Office applications (Excel, Windows, Word, Outlook, and Calendaring), financial database systems, etc.

Possess the physical capacity to perform the duties of the position including, but not limited to, the following: frequent sitting, walking, and standing; frequent stretching/reaching of arms; frequent arching of neck; occasional physical exertion moving, pulling, pushing, lifting, or carrying objects or materials up to 50 lbs.; ability to continuously bend, kneel, twist, stoop, squat, etc.; and the ability to focus for long periods of time on projects or while working on computers. (Refer to chart on backside.)

ACTIVITY FREQUENCIES

Continuous	67 – 100% of workday
Frequent	34 – 66% of workday
Occasionally	1 - 33% of workday

This position description has been prepared to assist in defining job responsibilities, physical demands, and skills needed. It is not intended as a complete list of job duties, responsibilities, and/or essential functions. This description is not intended to limit or modify the right of any supervisor to assign, direct, and control the work of employees under supervision. The City retains and reserves any or all rights to change, modify, amend, add to, or delete from, any section of this document as it deems, in its judgment, to be proper.

SALARY: The West Allis resident hourly rate range is \$22.84 to \$25.56. The non-West Allis resident hourly rate range is \$22.37 to \$25.04.

BENEFITS: Benefits include vacation accrual upon date of hire based on the vacation schedule; a sickness disability benefit plan; twelve (12) paid holidays; eligibility for health insurance the first of the month following thirty (30) days of service with choice of a PPO Plan or High Deductible Health Plan (with optional participation in a Health Savings Account) – both plans are contributory and cover the employee and his/her family; fully paid dental insurance covering the employee and his/her family, with eligibility the first of the month following six (6) months of service; a dual pension system comprised of the Wisconsin Retirement Fund** and Federal Social Security (both of which are contributory); a fully paid life insurance program** with coverage in the amount of the employee's annual salary adjusted to the next highest one thousand dollars, with the option for additional coverage; an educational reimbursement plan for the pursuit of job related courses; and voluntary benefit programs consisting of Section 125: Flexible Benefits for Dependent Care and Medical Reimbursement, Section 457: Deferred Compensation, TreasuryDirect Payroll Savings Plan for Savings Bonds, Employee Assistance Program (EAP), and Employee Wellness Program.

**The Wisconsin Retirement Fund and Life Insurance Program benefits are provided according to plan guidelines of the State of Wisconsin Department of Employee Trust Funds.

EXAMINATION DATA: The first step in the selection process will be a review and evaluation of application materials to identify those candidates who appear to be qualified in terms of academic preparation, training, experience and achievements as these relate to the duties and requirements of the position. To facilitate an accurate evaluation, applicants are encouraged to include in or with their applications, clear and specific details about their qualifications. A representative number of better-qualified applicants will then be further evaluated and rated in an oral examination designed to assess knowledgeability and personal suitability. **Applicants will be notified later as to the time and place of examination.**

<u>VETERAN'S POINTS</u>: Honorably discharged war veterans who receive an overall qualifying rating will be awarded special credit points upon presentation of proper proof (Form DD-214) of military duty. <u>This applies to open recruitment candidates only.</u>

<u>POST-OFFER CREDIT CHECK & DRUG TEST/PROBATIONARY PERIOD</u>: Persons offered employment must pass a post-offer credit check and drug test as a condition of employment. The City of West Allis is an at-will employer. All appointments are subject to a probationary period of six (6) months; however, employment may be terminated at any time for any reason.

HOW TO APPLY: Application forms, available online at www.westalliswi.gov/jobs or at the Human Resources Department, Room 133, City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, 53214, must be completed and ON FILE NO LATER THAN 5:00 P.M. FRIDAY, JULY 8, 2016.

Please note: A job interest card may not be substituted for the application form. Visit our website at www.westalliswi.gov for further information on the City of West Allis.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

06-22-2016 23-16 (O) (P)



PRINT NAME:		

ACCOUNTING SPECIALIST

Thank you for your interest in the **Accounting Specialist** position with the City of West Allis. All interested applicants are required to complete this *Supplemental Questionnaire* and return it with your application. The deadline to apply is **5 p.m.**, **Friday**, **July 8**, **2016**.

DIRECTIONS:	answer each	auestion by	v checkind	the app	propriate box.

<u> </u>	TEGITOROL GITOWOL	caen quechen by encon	mig the appropriate box			
1.			unting and two years of recent paid financial reporting work ollection, accounts payable, etc.) in an automated setting?			
	☐ Yes	□ No				
	If yes, indicate	e total number of years of	related work experience			
2.			alent combination of recent training and paid work experience slisted in the Job Announcement?			
	☐ Yes	□ No				
	If yes, indicate	e total number of years _				
3.	-	oft Office applications (Ex	uter and related software including, but not limited to, cel, Windows, Word, Outlook, and Calendaring), financial			
	☐ Yes	□ No				
4.	4. Are you aware this position requires the physical capacity to perform the following duties including, but not limited to, the following: frequent sitting, walking and standing; frequent stretching/reaching of arms; frequent arching of neck; occasional physical exertion moving, pulling, pushing, lifting or carrying objects or materials up to 50 lbs.; ability to continuously bend, kneel, twist, stoop, squat, etc.; and the ability to focus for long periods of time on projects or while working on computers.					
	ACTIV	ITY FREQUENCIES				
	Continuous	67 – 100% of workday				
	Frequent	34 – 66% of workday				
	Occasionally	1 - 33% of workday				
	☐ Yes	□ No				
_						
Th	e above-completed i	information is true to the	e best of my knowledge.			
Siç	gnature of Applicant		Date Signed			
Dri	ntod Namo					

Printed Name



APPLICATION FORM

ATTENTION APPLICANTS - PLEASE READ

Following are important points to know about the City of West Allis application process:

- 1. <u>Applications must be completed in full.</u> Applications not completed in full may be subject to disqualification.
- 2. A completed application form is required. You may <u>supplement</u> the application form with a resume; however, providing a resume does <u>not</u> exclude you from completing the application form in full.
- 3. It is to your advantage to be clear and thorough when completing the application, as it is the only means the City has of reviewing your qualifications for employment. We cannot assume more than what you tell us.
- 4. If you faxed or emailed your application, you <u>still need to mail in or drop off the original</u> in order to be considered for employment.
- 5. After all the applications are reviewed, the most qualified candidates will be invited to participate in other phases of the hiring process. All applicants are evaluated on job-related factors only.
- 6. <u>If you will be unavailable (e.g., out of town)</u> within the next 90 days, please indicate the dates you will not be available on the front section of the application form. Dates of unavailability will be reviewed to determine if any accommodations are feasible.
- 7. It is the policy of the City of West Allis to provide reasonable accommodations for qualified individuals with disabilities who are applicants for employment. If you are a qualified individual with a disability and need a reasonable accommodation in the testing or interview phase of our hiring process, please contact the Human Resources Department at (414) 302-8270 or e-mail ibarwick@westalliswi.gov at least 72 hours (i.e., three (3) work days) in advance. Each request for accommodation will be reviewed on a case-by-case basis and accommodated unless it is determined to be unreasonable.
- 8. If you are having problems completing the application form or have any questions or concerns, contact the Human Resources Department.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

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(APPLICANT MAY RETAIN THIS PAGE)



Human Resources Department

7525 West Greenfield Avenue West Allis. Wisconsin 53214

Exam No.	
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Telephone: 414-302-8270

Fax: 414-302-8275 www.westalliswi.gov

City of West Allis

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

IMPORTANT: READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. EXCEPT WHERE NOTED, ALL REQUESTED INFORMATION MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE TYPE OR PRINT.

Dates of unavailability (If you are planning to be out-of-town with	nin the next 90 days, please indic	ate the dates you will n	ot be available):
Position applied for			
Name(LAST) (I			
(LAST) (I Social Security Number	First)	(MIDDLE)	
Other names under which you have been legally kno	wn		
Address			
Address(Street)	(CITY)	(Stat	TE) (ZIP)
Phone Number: Home	Cell		
E-Mail Address			
Are you at least 18 years old? ☐ Yes ☐ No			
Do you have the legal right to live and work in the Un	ited States? ☐ Yes	□ No	
Do you wish to have the information contained in you application materials remain confidential as permitted		□ No	
If the job requires use of a motor vehicle, do you have	e a valid Wisconsin Driv	er's License? □	Yes □ No
If the job requires use of a Commercial Driver's Licer	nse (CDL), do you have	a valid CDL? □	l Yes □ No
List CDL classification(s) and/or endorsement(s)			
MILITARY SERVICE:			
Have you ever served in the U.S. Armed Forces, Nat	ional Guard or Military F	Reserves?	l Yes □ No
Dates of Duty: From / / To / / MM / DD / YYYY	•		

To receive credit for veteran's preference points, you will be required to provide a copy of your DD Form 214 upon request.

EDUCATION AND TRAINING:

Do you have a High School Diploma? ☐ Yes ☐ No Name of High School:	Do you have a GED? Yes No From Where: City/State:		If no High School Diploma or GED, indicate the highest grade or year completed (6, 7, 8, 9, 10, 11, 12): From Where: City/State:		
Name and Location		Graduated	Degree Confer	red	Major
		☐ Yes			
		□ No			
		☐ Yes			
		□ No			
		□ Yes			
		□ No			
		□ Yes			
		□ No			
List any other education, training, licensed	(s) and/	or certificate(s) -	- be specific and inc	lude date	es:

WORK HISTORY:

GIVE A COMPLETE RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE AND/OR VOLUNTEER WORK YOU HAVE HAD IN THE PAST 10 YEARS. Start with your current or most recent job. Indicate any change in job title under the same employer as a separate position. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Although resumes are welcome, they may not be substituted for the information requested below.

PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR
YOUR DUTIES		
		FROM (MO. & YR.) TO (MO. & YR.)
		□ FULL TIME □ PART TIME
		(HRS. PER) ACTUAL HOURLY RATE/SALARY
		STARTING ENDING
		\$PER\$PER

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	USINESS (STREET AND CITY) KIN		F BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PH	HONE NO	OF SUPERVISOR
YOUR DUTIES				
		FROM (MO. & YR.	.)	ГО (MO. & YR.)
		,		
		□ FU	ILL TIME	☐ PART TIME
				PER)
				Y RATE/SALARY ENDING
		\$PER_		\$PER
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND O	F BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME. TITLE & PI	HONE NO.	OF SUPERVISOR
		,		
YOUR DUTIES				
		FROM (MO. & YR.	.)	TO (MO. & YR.)
		☐ FU	ILL TIME	☐ PART TIME
		(HRS.	PER)
		ACTUA	AL HOURL	Y RATE/SALARY
			NG	
		\$PER		\$PER
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND O	F BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME. TITLE & PI	HONE NO.	. OF SUPERVISOR
		,		
YOUR DUTIES				
		FROM (MO. & YR.	.)	ΓΟ (MO. & YR.)
		□ FU	ILL TIME	☐ PART TIME
		(HRS.	PER)
		ACTUA	AL HOURL	Y RATE/SALARY
				ENDING
				\$PER
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KINDO	F BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & Ph	HONE NO	OF SUPERVISOR
YOUR DUTIES				
		FROM (MO. & YR.	.)	ГО (MO. & YR.)
		☐ FU	ILL TIME	☐ PART TIME
				PER)
		STARTIN	AL HOURL NG	Y RATE/SALARY ENDING
		\$PER_		\$PER
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND O	F BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PI	HONE NO.	OF SUPERVISOR
YOUR DUTIES				
		FROM (MO. & YR.	.)	ΓΟ (MO. & YR.)
		☐ FU	ILL TIME	☐ PART TIME
		(HRS.	PER)
		ACTUA	AL HOURL	Y RATE/SALARY
		STARTIN		ENDING BER
				\$PER
Use a separate sheet to continue	with any additional qualifying employment data,	using same f	format	as above.

If you were discharged for cause from any employment, state the details:
List any equipment, machines, tools, or computer software you are skilled in using:
VIOLATIONS OF LAW: A Police background check may be conducted prior to a job offer.
Are you currently subject to a pending charge? ☐ Yes ☐ No
If yes, what is the pending charge?
Have you ever been convicted of operating a vehicle while intoxicated (OWI)? ☐ Yes ☐ No
Have you ever been convicted of any violations of law excluding minor traffic violations? Yes No
If you answered yes to either of the questions above, list and specify what you have been convicted of, date and location of conviction, and the penalty imposed:
decisions; they will be considered only if there is a substantial relationship to the circumstances of the particular job or if bondability is at issue.) Have you applied with the City of West Allis before? Yes No If yes, for what position(s) and when?
CERTIFICATION AND AGREEMENT
I certify that answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions herein subject me to disqualification or dismissal.
I authorize the City of West Allis to make such investigations and inquiries of my employment, character, qualifications, and medical history as may be necessary in arriving at an employment decision. I hereby release all employers, companies, schools or persons from all liability in responding to such inquiries made in connection with my application.
I further understand that in the event of employment by the City of West Allis, the City is an at-will employer and I may be terminated at any time for any reason.
(DATE) (SIGNATURE OF APPLICANT)
(FOR HR OFFICE USE ONLY)
Comments:
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ADDITIONAL INFORMATION This form MUST be returned with your application materials.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

To help us comply with Federal/State Equal Employment Opportunity record keeping and other legal requirements, please answer the questions below.

Position applied for			Social Security Number	Social Security Number			
Name	Name						
	(LAST)	(FIRS	7)	(MIDDLE)			
	COMPLETION OF THIS PART OF THE FORM IS VOLUNTARY. The information you provide will not be used in the decision to hire. If you choose not to complete this section, proceed to the bottom of the form for your signature and date.						
Sex:	☐ Male ☐ Female	Birthdate / /	Age				
Veter	ran Status: ☐ Veteran ☐	☐ Non-Veteran ☐ Disal	oled Veteran, Disability Rating	%			
Ethn	ic Group:						
	Hispanic or Latino – A persorigin, regardless of race.	on of Cuban, Mexican, Puerto	Rican, South or Central American, or o	other Spanish Culture or			
	White (Not Hispanic or Latino Africa.	o) – A person having origins in	any of the original peoples of Europe,	the Middle East, or North			
	Black or African American	(Not Hispanic or Latino) – A	person having origins in any of the bla	ack racial groups of Africa.			
	Native Hawaiian or Other F Hawaii, Guam, Samoa, or other		nic or Latino) – A person having or	igins in any of the peoples of			
			any of the original peoples of the Far , India, Japan, Korea, Malaysia, Pakis				
			atino) — A person having origins in ar o maintain tribal affiliation or communi				
	Two or More Races (Not His	spanic or Latino) – All persor	s who identify with more than one of the	ne above five races.			
Do	you consider yourself to be	e disabled? □ Yes □	No				
	person's major life activities, or which might be substantially lim	has a record of such impairmentited by such impairment include	ental impairment which substantially lir nt or is regarded as having such impa le: walking, talking, or otherwise comr ptation to housing (these are example	irment. Major life activities nunicating, self-care,			
	If yes, what is the disabling of	condition?					
	What limitations does this co	ondition impose on major life	e activities?				
Но	w did you hear about this jo	b? (Please specify where	e applicable.)				
	☐ Milwaukee Journal/Sentinel	_ · · · ·	□ School				
	☐ Spanish Journal	☐ City Cable Channel	☐ Community/Minority Organization				
	☐ City Website	☐ Bulletin Board/Walk-In	☐ Social Media Source				
	☐ Interest Card/E-Notify Me	☐ Employee	☐ Other Website				
	☐ Job Hotline	☐ Word of Mouth	□ Other				
The a	The above-completed information is true to the best of my knowledge:						

(SIGNATURE)

(DATE)